

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2011
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 425	1200-8-6-.04(16) Administration (16)Each nursing home shall post whether they have liability insurance, the identity of their primary insurance carrier, and if self-insured, the corporate entity responsible for payment of any claims. It shall be posted on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height and displayed at the main public entrance. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post whether the facility had liability insurance, the primary insurance carrier, or whether the facility was self insured as required. The findings included: Observation on June 22, 2011, at 8:30 a.m., of the information posted at the front entrance revealed the liability insurance, the name of the carrier, or whether the facility was self insured was not posted at the front entrance with the other facility information. Observation and interview with the administrator on June 22, 2011, at 8:30 a.m., confirmed the information for the liability insurance was not posted as required.	N 425	Begin POC N 425 We have ordered an 11" X 17" sign that identifies our primary insurance carrier. This signage will be displayed at our main entrance by July 12th, 2011. End POC N 425	07/12/2011
N 430	1200-8-6-.04(21) Administration (21)All health care facilities licensed pursuant to T.C.A. §68-11-201, et. seq. shall post on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height the	N 430		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 3

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N 430	Continued From page 1 following in the main public entrance: (a) a statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post in the main lobby a statement regarding domestic violence or the phone number for immediate assistance as required. The findings included: Observation on June 22, 2011, at 8:30 a.m., revealed the information regarding domestic violence or the nationwide domestic violence hotline was not posted. Observation and interview with the administrator on June 22, 2011, at 8:30 a.m., confirmed the domestic violence statement or the nationwide domestic violence hotline was not posted as required.	N 430	Begin POC N 430 We have ordered an 11" X 17" sign that has a statement that any person, regardless of age, may be the victim of domestic violence and may call the nationwide domestic violence hotline, with the number printed in boldface type, for immediate assistance. This signage will be displayed at our main entrance by July 12th, 2011 End POC N 430	07/12/2011	
N 433	1200-8-6-.04(24) Administration (24)The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public. Authority: T.C.A. §§4-5-202, 4-5-204, 39-17-1803, 39-17-1804, 39-17-1805, 68-11-202, 68-11-204, 68-11-206, 68-11-209, 68-11-225, 68-11-254, 68-11-256, 68-11-257, 68-11-268.	N 433			

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N 433	Continued From page 2 68-11-906, and 71-6-121. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post in a place accessible to the public, information about the charity care policies of the facility as required. The findings included: Observation on June 22, 2011, at 8:30 a.m., revealed the information regarding charity care policies for the facility was not posted. Observation and interview with the administrator on June 22, 2011, at 8:30 a.m., confirmed information regarding charity care policies for the facility was not posted as required.	N 433	Begin POC N 433 We have a developed a concise statement regarding our charity care and it will be posted in a in a place accessible to the public. This signage will be displayed at our main entrance by July 7th, 2011 End POC N 433	07/07/2011	